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 INDICATION FORM**

Application Number	10/595,971
Filing Date	23 May 2006
First Named Inventor	Stuart Michael HUMPHREY
Title	A method of inducing .....
Art Unit	
Examiner Name	
Attorney Docket Number	80-06

I hereby revoke all previous powers of attorney given in the above-identified application.

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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Stuart Michael Humphrey</i>	Date	5/6/2007
Name	STUART MICHAEL HUMPHREY	Telephone	953.5454
Title and Company	FORMERLY MAC CLINICAL CLINIQUEL		4613

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of one forms are submitted.

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